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ABSTRACT

Adults must understand the development of the child's concept of death to comprehend children's questions about death and answer them appropriately. Children under 5 years of age view death as reversible and not final and may believe that the dead can breathe, feel, talk and continue to grow. While young children may believe in the reversibility of death, separation by death is a painful experience for them. At the age of 5, children become very curious about death and may believe that they and other children do not die. By 7 or 8 years of age, children begin to develop a realistic concept of death and to come to terms with their own mortality. At the concrete level of thinking, death may be personified. Children who have lost a parent through death may exhibit symptoms of bereavement which may be more intense if the child has been lied to and/or has not been permitted to mourn sufficiently. However, even under the best of conditions, bereaved children may commit anti-social acts, be depressed or become extremely good. Bereaved children should be helped to regain feelings of security through love and acceptance and may need the assistance of a substitute comforter. (Author/RH)

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Selected Papers

Unit for Child Studies

Number 8

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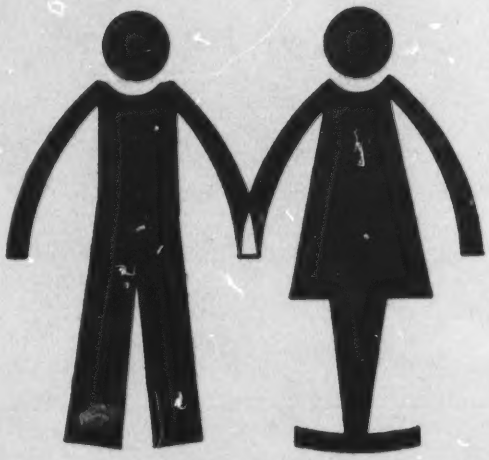

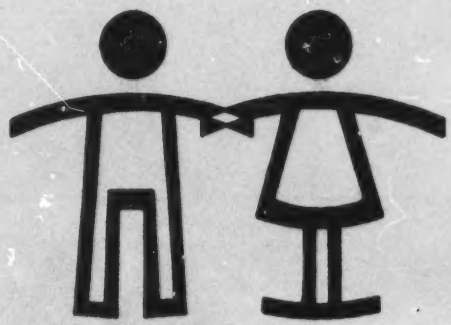

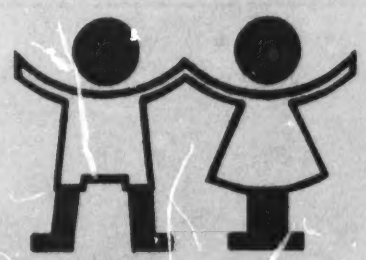

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THE CHILD'S CONCEPT OF DEATH

DR SHELLEY PHILLIPS

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(Transcript of a talk given to Mini-Course Seminars, October 1980)

INTRODUCTION

Social Attitudes to Death

Before one can talk about the child's concept of death, one has to come to terms with one's own concept of death and that of society in general because these are the sources for those of the child.

According to Phillippe Aries, in his book *Western Attitudes Towards Death from the Middle Ages to the Present*, the idea that death is a break with life and is frightening was not common in our culture until the eighteenth century. Prior to that it was accepted as a customary and ordinary fact of life. By the twentieth century death has become a distasteful, and forbidden topic, an obscenity which one covers up quickly. The language of death is camouflaged. The elderly and sick "pass away", "pass on", "kick the bucket", are "demised", but rarely "die". The economics and politics of advanced capitalism and technology, dedicated to the ability to succeed in the making of profits, no doubt plays an important part in the rejection of death as part of life which is characteristic of our society. Above all, when dead, one no longer has any value as a consumer.

At the same time the decline in the death rate and infant mortality, render adults and children less familiar with death by natural causes than in past centuries, when the majority of children died before adolescence. Even as late as 1900 the life expectancy was 47 years (Lerner, 1970) and commonly children attended the funerals of parents or siblings before they reached adulthood. Nowadays the expediencies of technological society have ordered human existence in such a way that most of us, outside the medical and nursing profession, rarely see a dead person. The aged and terminally ill, more often than not, die in an institution rather than a family situation.

Elizabeth Kubler-Ross (1969) suggests that the camouflage, denial, and segregation of death and the dying, which is typical of contemporary society, indicates overwhelming anxiety about death, exacerbated by the depersonalised role of modern medicine, concerned with "prolonging life", rather than diminishing human suffering and a society more attentive to I.Q. and material status than tact, sensitivity, and perceptiveness in the management of suffering. To Freud (1956) this anxiety and its denial is related to fundamental human biology, the "death instinct" and unconscious fear of death. (Lazarus (1979) argues that, in the light of this, some denial and avoidance is necessary in coping with stress, but total denial of death is unrealistic and unhealthy.

Most of the research suggests that learning to accept death as part of life is concomitant with good personality adjustment and even central to cognitive development. For example, Jean Piaget (1969) suggested that everything

appears unrealistically ordered to children until they become aware of the difference between life and death. Then they actively seek explanation of this mysterious phenomenon and this is the basis of the beginning of the understanding of cause and of the understanding of chance. Without such bases, children may remain rooted in the egocentricity of what they mistakenly see as a world ordered for their benefit and fail to see themselves as objects like other objects, thus perpetuating a false sense of infallibility and omniscience.

In our society children are often denied the opportunity to have all their questions about death answered, for the denial of death by adults has resulted in a cruel fallacy: the belief that children do not think about it. This common and well documented tendency (Becker & Margolin, 1967 ; Arnstein, 1960) to romanticise childhood as a totally carefree, innocent and happy time is a form of wishful thinking, in which children are required to act out the wish fulfilling desires of adults and results in a serious double bind for children. Often intuitively they recognise their parents' anxieties and they contain their fears and questions. The socialisation process which makes adults as they are today has begun and they will do the same with their children.

Vowels (1980) in Sydney, reporting a study of terminally ill children of 4 - 15 found that the majority of the children understood that they would die and were willing to talk about it, whereas the parents rejected the notion that their children understood, gave evasive answers to their questions and were not willing to discuss death. This rejection extended to senior members of the hospital staffs.

Nor can we always take children at their face value. There is more to children than meets the eye of the average adult. Sometimes their seeming lack of fear and matter of factness masks the child's own denial of the fear of death or they act this way to protect adults from what the child most perceptively and supportively recognises as the adult's anxiety about the topic. The following story is not uncommon:

> *Jonathan aged 6, was looking through a magazine with a little known visitor. A dead person was depicted in one of the pictures. Jonathan volunteered that he was frightened to die "I don't want to grow up and die". He then looked quickly over his shoulder to where his mother was serving savouries to another visitor. "Don't tell Mummy. She's scared too."*

For adults to be able to help children, and understand their questions and how most appropriately to answer them, the first requirement is to understand the development of the concept of death in the child. The research commonly suggests children gradually go through development changes in their concept of death and that these are primarily related to age, but there are variations due to environmental factors, life experiences and parental attitudes.

THE DEVELOPMENT OF THE CHILD'S CONCEPT OF DEATH

In the 30's of this century, in Budapest, Maria Nagy interviewed approximately 400 children and collected their compositions and drawings about death. She simply asked them "What is death?" Since then, thousands of children have been studied by varied methods around the world and, because the findings generally support those of Nagy, her study is used here as a basis for the outline of the development of the child's concept of death.

3 - 5 YEARS

Death is Reversible

Nagy found that children under 5 see death as a departure and temporary. To them it is reversible and not final. To die means to live under changed circumstances. Children of three or less may equate death with sleep from which one can be awakened. The four and five year olds generally do not agree, but still see it as a merely temporary separation perhaps involving being far away or on a trip, but the dead person is able to return. It may simply mean just lying quietly for a while. For example:

> *When her grandmother died, Maria, aged 4, was overheard telling a young friend, Mathew "Gran is dead. They should take her to hospital so the doctor can give her a needle. I want her to come to my birthday party." Mathew: "When I die I shall ask them to take me to the hospital and I'll get better."*

One of our research students, Adrienne Wainright, who has just completed a first class research Masters thesis on the child's concept of death, found that young Sydney children often believed that the hospital and doctor could make anyone better after they were dead. Her studies largely confirmed Nagy's findings with a Sydney sample.

Generally, the studies also suggest that children under 5 believe that dead people can breathe, feel, talk and that they go on growing in the coffin. Some thought that dead old people continued to shrivel and finally shrank into babies and were reborn. Their logic, based on their observations, is impressive.

In this period, because of this logic, there can be fear of being locked in a coffin, coming alive and not being able to get out. Even later when children are beginning to grasp the finality of death they may have these fears - fears born of the last vestiges of the wish fulfilment that one can come alive after death, but tinged with rationalised hopeful pragmatics: "Perhaps the doctor may falsely diagnose one as dead".

Play

During this period, and earlier, children often use stories and play to help them understand death. Infants are typically omitted from the studies because of methodological problems, but one study by Maurer (1966) suggests that the 6-months old infant's fascination with "peek a boo" and disappearance games may be an attempt to comprehend separation and reunion. Two year olds rarely relate anything concerning death, which does not mean they, too, are not making unrecognised attempts to understand separation. Games in which dolls have accidents and are restored may be one example of a constructive and self initiated programme of comprehension by toddlers. Three year olds often see death as due to aggression and act and play out these themes, while four year olds can be fascinated by stories in which the dead are eaten (Pitcher & Prelinger, 1963). Children in this period also equate death with mutilation and the dreams of pre-school children often contain destructive people and animals (Rheingold, 1967; Despert, 1949). In this period Sleeping Beauty type stories and games are also popular because they emphasise the interchangeability of death and sleep.

Hazards

The belief of the 3 - 5 year old child in the reversibility of death often creates serious misunderstandings between the adult and the child. At all times adults need to be aware that children's logic is different from theirs and be careful not to impute adult motives to children. For example:

A pre-school child, during an altercation with a parent, says: "I wish you were dead!" and the parent becomes very upset and abuses the child.

Thi. parent did not understand the intent of the child who believes in the reversibility of death and hence, it is a rebirth. What the child is really saying is, as one (who was refused a second helping of cake) explained: "Naughty Mummy. You grow down into a baby and then come back much nicer!" The child is simply looking for a mother renewed by death and made more agreeable to the child's wishes.

Similarly, at the stage of thinking death is reversible, unhappy children may wish they were dead - equating it with rebirth and the hope that things can be improved. For example:'

A child in a reasonably happy family, whose sister was paid more attention by the father, frequently wished she were dead. When the appalled mother asked why, the child replied: "Then I shall be a baby and Daddy will look after me!"

Attempted suicide in young children often appears to have the same basis:

A 7 year old boy whose parents were estranged and who was regularly beaten by the defacto husband of the mother lay down on a busy highway. He told the policeman that he wanted to die - then Dad would come back and they would all live together again.

Attempted suicides are more frequent in young children than society wishes to acknowledge and are often reported as accidents. Research suggests that when such children understand the finality of death the attempts cease.

Why?

One asks why young children equate death with aggression or see it as reversible.

Sylvia Anthony (1971) relates pre-school children's early linking of death with aggression as originating in the fear of retaliation. It may be that this is culture bound because ours is basically a violent society in which children are punished violently by other societal standards (Phillips, 1980). Like most Freudians she also links it with the children's fear of their own aggressive impulses which are ambivalently punished in our society. Children are encouraged to be aggressive to some (the child who attacks them), but not the parents when they attack the child.

In attempting to understand the child's idea that death is reversible, Jean Piaget's research is of help. Piaget, as many of you are aware, underlined that how children think goes through a changing developmental process. Each stage is different from the others and the child's logic and perception is qualitatively different from that of adults. The pre-schooler is in Piaget's pre-operational stage where the child has not learned yet that he/she is an ob-

ject like other objects. Children in this stage cannot see themselves from the point of view of another and believe everyone thinks, feels and undergoes the same processes they do. They are alive and can move and breathe and so must everyone else. Death is an abstraction beyond their physical comprehension and so they interpret it in terms of their own lives. Their attempts to do this are impressively logical and well thought out in view of the events they undergo. Thus they equate it with sleep or temporary separation. Because their deprivations and separations are usually not lasting they do not comprehend the finality of death.

In the same vein some see death as a punishment for wrong doing and Phillip, aged 5, illustrates this: "Death catches naughty children and takes them away."

The belief that the dead are actually alive is an aspect of the animistic and magical thinking of the pre-operational child. Everything - stones, mountains, toys, or bikes, are seen as alive as he or she is. The living and the lifeless are not yet distinguished in the physical world around them. It is even more difficult to distinguish life and death in human beings. Thus, George, aged 3, quite logically equates Grandpa's death with temporary restraint:

"Grandpa is in a hole under a big stone in the ground. He can't move. Next time we go to the cemetry I'll take his pipe and push it into the ground for him to have a smoke."

The statements and attitudes of adults reinforce the child's concepts:

"Pussy is asleep", said Jane to her 4 year old daughter when the family's pet cat died.

On T.V., young children also may see a central character in a drama die, only to reappear sometime later alive and well in another programme. The mass media coverage of war, famine and sabotage also perpetuate the child's egocentric beliefs about death. The concentration on violent death suggests that death can be prevented if certain environmental factors are controlled. It suggests that death on the electronic media, although horrible, is something which happens to others and provides a child with an unrealistic sense of his/her control over death. These portrayals and "body" counts in plane crashes and battles serve to desensitise death as an emotionally upsetting experience.

Grief

These beliefs in the reversibility of death do not mean that separation by death is not exceedingly painful to young children. They are deeply disturbed by any form of separation and because they believe it is reversible the problems can be greater for them than it is for adults.

"Why doesn't Gran come back?" asked on 4 year old. She's been in heaven long enough for them to put her together again. Doesn't she love me anymore?"

At this stage, one can help a child understand the finality of death by answering questions simply and directly: "Gran loved you very much and if she were alive she would want to come back to see you." Childish logic follows different rules, and we should not presume what a child wants to know. If we are to be guided by Piaget's research, we should listen and observe carefully and choose answers that respond to what they want to know and then leave it, or we

may not make sense to them. I shall talk about this a little later. As children observe plants and animals their curiosity will be aroused and they will learn about death by this means as well as your well-chosen answers to questions.

5 - 9 YEARS

At the age of 5 children become quite curious about death but still cannot accept it as final. After 5, children begin to grasp the finality of death, but believe first that it only happens to old people, and later, to others and not themselves.

> *Andrea, aged 3, says: "My gran, and grandpop will die and Daddy and Mummy and Dicky (her dog) but I won't die. I'll go to heaven. Then I can put my body back together."*

Children of this age often believe that children do not die. Sometimes they refuse to eat in case they grow up and die, or they believe they can stop the growing process in order not to grow old and die. The explanation for these concepts also lies in the child's egocentric view of self; because he or she is alive now, it will always be so. One is not yet able to decentre and see oneself as an object that must undergo the processes of all similar objects.

According to Piaget, Nagy, and others, children begin to develop a realistic concept of death by 7 or 8 and come to terms with their own mortality. Beyond 8 children's animistic thinking decreases and they attain biological and objective concepts of death. They see death as the final cessation of bodily functions when there is no pulse, no temperature and one can not breathe (Anthony, 1971, p. 55). By 10 death is discussed and material or conventional facts about it are often seen as absurd and desperately funny. Why wrap the body in a shroud, put it in an expensive coffin? (Opie & Opie, 1959). Children of this age also take oaths on their own or their parents' death and cross themselves or chant protective rhymes if they see funerals which are considered a portent of evil.

In her research of this age group, Marion Nagy observed that around about 6 - 8 years children in her country personify death as a man or some type of figure who carried the dead off. Thus, although death exists you can get away if you want. This appears a very concrete way of grasping the concept of death and as one would expect, in view of the generally concrete thinking which the child exhibits at this age. There is a pragmatic incomprehension of the abstract, the unknown, and any future that is not interpretable in terms of the present.

It is interesting that in medieval times the personification of death was common in English literature but that nowadays this concept in children is rarely found outside Europe. Folklore, myths and legends, religion and the general cultural atmosphere in which the child is brought up naturally influence their ideas.

ENVIRONMENTAL DIFFERENCES

The research suggests that Nagy's stages in the development of the concept of death are not watertight compartments. There is much overlapping and the later stages may be reached by some children earlier. Concepts may also vary. For example, families of low socio-economic status often experience more

deaths, violence and exploitation, and children from such families are more likely to regard violence as a cause of death than do middle class children.

More recent studies also suggest that modern children may be reaching a realistic concept of death as early as 7 or 8 (Melear, Hanson, Wass, Guenther & Towry). Portrayals of real death on the media may have influenced this trend.

SEX DIFFERENCES

Girls have a more passive and less violent concept of death. By 5, for boys, the reversibility notion has often been converted into the more "masculine" concept of resurrection. Throughout all stages and into adulthood for males, death is seen as more violent, associated with warfare, violence and mutilation and they more often identify with the killer than the victim. Females tend to report more suffering and difficulty in coping with feelings after the death of a spouse or children than men do. Sex role stereotyping no doubt plays a large part in this.

FEAR OF DEATH

Children who have had some experience of the death of a parent, sibling, or neighbour, may indicate a strong fear of death, although sometimes it is defensively denied (Cain, Fast & Erikson, 1964). A typical case is that of Anne, aged 7, whose grandmother had died. She refused to go to school on the grounds that "Mummy and Daddy might die too when I'm away." In Anne's case, however, one wondered how much her anxiety reflected that of the parents who became excessively fearful about her safety after the event.

The research also suggests that where a child has some experience of death and their questions are answered simply and accurately they cope better with later deaths (Furman, 1964).

It is also suggested that some fairy tales and religions can contribute to excessive anxieties about death. Adults who, as children, had been taught a fire-and-brimstone version of hell or hades, where naughty children were sent, often suffered neurotic states of anxiety and a greater fear of death as adults. Morbid stories in early religious training had the same effect (Mitchell, 1967; Caprio, 1950). Religious concepts of a God, who is both loving and malevolent, with overtones of guilt, punishment and the possibility that He might remove them from loving parents, badly frighten most children and sometimes occasion a pathological fear of travel since they equate death with departure.

It should be noted that adults suppress their own memories of these fears and thus may callously romanticise the "blissful" condition of childhood (Wolf, 1957).

BEREAVED CHILDREN

As Bowlby (1961) and Varma (1974) indicate, young children may pass through three distinct phases when a parent dies: protest and denial may be followed by despair, withdrawal and disorganisation. In our society where emphasis is put on the mother's care-giving role, some of the following behaviours are common.

1) Denial and Panic

At first, the child in a state of shock and unbelief, defensively pretends that the parent is not dead and protests that she will return. The child may appear apathetic, dazed, unnaturally good and disinterested in playmates or toys. Great anxiety is expressed over who will take care of the child now the parent is gone. Fear of change and terror or panic over abandonment may be acted out in excessive clinging to a mother substitute such as a teacher, sibling, aunt or neighbour. This fear of abandonment may last for years. Some such children are terrified the remaining parent is dead, if they are late in arriving home or in coming to pick them up from school. Security, love, and a predictable well-structureed environment are essential for a bereaved child.

2) Anger

Some children express their panic by tantrums, aggressive attacks on all and sundry - others in fits of crying and laughter. Many become angry at the dead mother for abandoning them and towards the doctors or father for not preventing the death. Sympathetic explanation of the inevitability of the death and that the anger is understood, when the child calms down, is needed.

3) Depression and Guilt

Some children become over conscientious after the death of a parent and there is a decrease in self-esteem. Guilt feelings and feelings that, had they been better behaved, or not felt angry about something she did, "Mummy would not have died" are generally inevitable. The death of a parent is often seen as a punishment for their misbehaviour. They may also fear punishment through their own death, panic at any illness in case they die, and renew earlier fears of the dark or animals.

Children need help in understanding that the death is not their fault and extra support through these fears.

Our society, which romanticise childhood and uses children projectively for adult wish fulfillment, has not always acknowledged that young children can become exceedingly depressed with little understanding of either their feelings or their origin:

A young father became intensely angry when his son Johnathan, aged 6, complained repeatedly that he was "bored" after the death of his mother. The father felt the child was unfeeling. In fact, the child did not have the ability to clearly define his feeling of emptiness and despair at his mother's death.

After a death in the family, many children suffer sleep disturbances, nightmares, are terrified to go to sleep in case they die too, fear their heart has stopped, have difficulty in breathing. Generally, they do not report these things. Some children fear the ghost of the dead parent will appear, particularly that of the dead father. There appears to be less fear of mother ghosts (Varma, 1974).

4) Regression

Some children fear to grow because they may die also. Others temporarily regress in their school work, become babyish and resort to infantile ways and

games, perhaps in an attempt to regain the security they have lost or out of fear that in growing up, they may lose further love and support.

Andy was constrained from expressing his anticipatory grief after his mother was diagnosed as suffering from terminal cancer. The adults believed they should keep the full truth from him and Andy felt alone and rejected because so much hospital visiting by his father and grandmother meant there was scant time for him. When his mother died, Andy regressed to bed wetting, fear of the dark, and nightmares. He became very aggressive and antisocial at school and his work became poor.

Andy's parents needed more information and understanding on how best the child may cope with death. Given love, support and time to mourn, children eventually return to their zest for growing and learning.

5) Idealisation of the Dead

Grollman (1967) suggests that many idealise the dead in an attempt to fight off unhappy thoughts. We have all read in the literature of the male whose mother died during adolescence and who cannot find a woman to hold a candle to his "dear dead mother".

Children of both sexes may recall the dead mother as an angel of perfection. Idealisation of the father, regarding him as totally dependable and strong, is also common. This is often reinforced in our society by the custom of not speaking "ill of the dead". In fact, a realistic, fond, and rounded memory which includes human frailties as well as strengths, is most likely to give the child the freedom to grow into one who can relate realistically to others.

Jacobson (1965) noted that often the memory was not of the parent the child had known recently but a romanticised fantasy of the parent, of early childhood. Wolfenstein (1966) noted that frequently hostile feelings were expressed toward the surviving parent and it appeared that the child was trying to undo hostile feelings toward the dead parent and relieve themselves of guilt by displacement onto the survivor.

According to Freud (1933) sometimes children identify with the dead parent as a form of compensation and restitution, taking on their characteristics, work, ambitions and pleasures, or even their parental role.

THE NECESSITY OF MOURNING

The symptoms of the bereaved child, which have been outlined here are usually more intense if the child has been lied to about death and not permitted to mourn sufficiently (Varma, 1974; Furman, 1970). The latter is not uncommon in our society which, influenced still by the puritanical and stoical model and regarding death as an obscenity, suppresses grief and prefers a "stiff upper lip".

Although participating in the funeral may help some children to understand the finality of death, for others, the mere rituals of mourning (black, drawn blinds and the funeral) are not enough. They need to be allowed to stay in familiar surroundings (Kubler-Ross, 1969) cry, hear that they are not alone in their grief and be able to recount to a good sympathetic listener their panic and fear. Instead of being silenced with "be a good girl", "don't cry", "buck up", the child should be listened to carefully in this period and have someone understand the nature of his or her fears and depression - otherwise anxiety may

force a denial of the loss and an unrealistic hope that the dead parent will return.

Unfortunately, the research indicates that parents more often than not are having such difficulties handling their own feelings that the child's feelings are not taken into account sufficiently. Mourning was described by Freud as the experiencing of emotional pain, severe anxiety, loss of interest in the outside world and learning to detach oneself and one's hopes from the dead. This does not always happen with children.

Wolfenstein (1969) studied 42 children from age 3 - 15 who had lost parents through death and found that the emotional, painful reactions of mourning were not exhibited in her subjects; there was little crying and they went about their daily family life as before. They avoided outward grief with the constant expectation of the parent's return. Unfortunatley, reunion and restitution fantasies can continue in adult life (Jacobson, 1965) in such cases.

Another study by Menig-Petersen & McCabe (1977-78) of children 6 - 9 years suggested that children under 9 may indicate little affection for a dead pet or relative, little or no outward reaction and at the same time describe death like an exciting story. This suggests distancing as part of the inability to cope with what could be overwhelming grief for an ego not yet strong enough to cope.

It should be recognised that children vary enormously in their capacity to mourn, often irrespective of age. Family background and life experiences appear most important.

Disorganisation

Even when bereaved children are told the truth and are permitted to mourn, there will often be disturbed behaviour for a time,including anti-social acts, depression or extreme goodness. It may also recur later after a period of adjustment and the research suggests that a higher ratio of bereaved children are referred to child guidance clinics (Varma, 1974).

The research also suggests that children who have been deceived about the death of a parent may ultimately become the most disturbed. "Mummy has gone away" may seem a kinder thing to say to the child than giving the truth - in fact, these "white" lies are the unkindest and the child, bewildered as to why a loving mother should deliberately leave, feels abandoned and may develop the same symptoms as a rejected child: becoming aggressive and spiteful toward others and expecting rejection and ill will from all and sundry. Referring to death as a sleep has been shown to be particularly damaging (Grollman, 1967, p. 12).

> *Four girls aged between two and five lost their mother in a car accident as she was driving away from the school where she had just left the oldest daughter. Not only did they never see the body but were immediately whisked away to the country until the father's grief had died down. When they returned home the house had been rearranged and their mother was said to be ill. All four became "wild and uncontrollable" according to the neighbourhood and the five year old was sent to a boarding school soon after. To be sent away at such an early age was, of course, another sort of death and this girl, now grown up, still shows personality disorder (Varma, 1973, p.63).*

DEATH OF SIBLINGS

Brothers and sisters understandably have ambivalent attitudes toward one another within the nuclear family. Rivalry and jealousy is not uncommon and each child needs to be made to feel secure, and understand that other siblings must also have their time for cudoles and attention and they are getting their equal share.

Some children may initially be relieved at the death of a sibling, perhaps because of the sense of relief that it was not them who died, and also because they may now be free of conflict with the dead sibling. At the same time children can feel very guilty at these feelings and also wonder if they caused the death because they were unkind. They may also become resentful at the parents extreme distress over the death, particularly when it leads to neglect, or the child is forced to fill the gap of the dead child. Some even privately wonder if the parent would have preferred them to die rather than the sibling.

MANAGEMENT SUGGESTIONS

Throughout the seminar I have suggested many ways adults may handle the symptoms of the bereaved child. I also suggest you read the chapter in E. A. Varma's book *Stresses in Children* for further practical information. To summarise what has been said: children may want to play games or tell stories involving death, want details of what happens to the dead body, to talk about the dead parent, and need general room to express their fears. Above all, they need to regain their feelings of security through love and acceptance, often from a substitute comforter. The substitute should be consistent and one who satisfies the child's emotional and physical needs.

You may be interested in some other recommendations from those who have studied the topic. Bertrand Russell, the English philosopher (1926, p. 118) suggested you "Do not introduce the topic of death, but do not avoid it when the child introduces it."

Paul Wity (1941) stated that death should be treated directly and singly in frank discussions which inevitably follow the accidents or death of animals, pets or birds.

Harriet Gibney (1965) stressed that, since even young children are aware of and are affected by death, one should not hide the fact from them but rather help them to face them.

Wass (1979) and Arbuthnot (1972) recommend that through books young children can be encouraged to develop empathy and to realise their own feelings about loss, separation, and death. Wass gives a list of American books recommended for pre-schoolers and children up to 12 and over, as does Robin L. Carr (1973) "Death as Presented in Children's Books, *Elementary English*, 50, 5, May 1973. Other books are listed in Barbara Morris's article "Young Children and Books on Death, in *Elementary English*, 51, 3, March 1974, and in "Death and Dying in Children's Literature. An Analysis of Three Selected Works", *Language Arts*, 53, 6, September 1970, by Roberg G. Delisle and Abigail S. Woods. Henrietta Cain, in *Elementary English*, 49, 1, January 1972,"Basic Concepts of Death in Children's Literature" also gives some books.

Above all, it is important for parents and teachers to understand the developmental stages in the child's concept of death and to understand how they may express grief or deny it. Having this knowledge parents can then assist by giving constant support and warmth and honest answers.

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